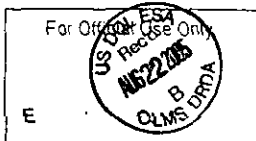


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>22066</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Edward R McSee</u>  P.O. Box, Bldg., Room No., if any  Street <u>2116 Ocean Hts. Ave</u> City <u>E.H.T.</u> State <u>N.J.</u> ZIP Code + 4 <u>08234</u>	4. Name, file number, and address of labor organization. Name <u>Painters D.C. 711</u> Labor Organization File Number <u>530442</u>  P.O. Box, Building and Room Number, if any  Street <u>2116 Ocean Hts Ave</u> City <u>E.H.T.</u> State <u>N.J.</u> ZIP Code + 4 <u>08234</u>
5. Position in labor organization. <u>Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed EH R McSee

On 8-11-05 609-653-4433  
Date Telephone Number

Name of Person Filing <u>Edward R. McGee</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (\*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Painters D.C. 711</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>2116 Ocean Hts. Ave.</u></p> <p>City <u>E.H.T.</u></p> <p>State <u>N.J.</u> ZIP Code + 4 <u>08234</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><u>b. Trust</u></p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Painters D.C. 711 <del>Trust</del> Funds</u> <u>Health &amp; Welfare</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 223</u></p> <p>Street <u>319 E. J. Murre Leeds Rd</u></p> <p>City <u>Galloway</u></p> <p>State <u>NJ</u> ZIP Code + 4 <u>08205</u></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><u>Reimbursement for Educational Conference</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>3,485.00</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><u><del>3,485.00</del></u> <u>Reimbursement For Educational Conference</u></p> <hr/> <p>12.b. Amount. <u>3,485.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Various (See Attached)</u> <u>(Highlighted)</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

**SCHEDULE A****Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <b>COASTLINE CORP</b> X		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>414 DELAWARE RD</b>		EMPLOYER ADDRESS	
<b>PLEASANTVILLE N.J.</b>			
AGGREGATE AMOUNT \$ <b>500</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>CONTRACTOR</b>			
CONTRIBUTOR NAME <b>N.J. STATE LABORERS</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>104 INTERCHANGE PLAZA #301</b>		EMPLOYER ADDRESS	
<b>MONROE TWP N.J.</b>			
AGGREGATE AMOUNT \$ <b>500</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>DR</b>			
CONTRIBUTOR NAME <b>O'BRIEN DELAND + BUSCHINSKY, LLC</b> X		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>2111 NEW ROAD SUITE 101</b>		EMPLOYER ADDRESS	
<b>NORTHFIELD NJ</b>			
AGGREGATE AMOUNT \$ <b>500</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME <b>VENTOR INVESTMENTS</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<b>VENTOR, N.J.</b>			
AGGREGATE AMOUNT \$ <b>500</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME <b>PAINTERS LOCAL 711</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>2118 OCEAN HEIGHTS AVE</b>		EMPLOYER ADDRESS	
<b>EHF, N.J.</b>			
AGGREGATE AMOUNT \$ <b>2500</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>PAC</b>			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <b>4,500</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$ <b>8,500</b>	

**SCHEDULE A****Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <b>BAC Local PAC Fund</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>BORDENTOWN, NJ.</b>		EMPLOYER ADDRESS	
OCCUPATION <b>PAC</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
AGGREGATE AMOUNT \$ <b>500</b>			\$
CONTRIBUTOR NAME <b>CIRIGANO CONTRACTING X</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>CALIFORNIA AVE.</b>		EMPLOYER ADDRESS	
OCCUPATION <b>CONTRACTOR</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
AGGREGATE AMOUNT \$ <b>500</b>			\$
CONTRIBUTOR NAME <b>CHURCHILL P.C.</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>344 N. ROUTE 73</b>		EMPLOYER ADDRESS	
OCCUPATION <b>PAC</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
AGGREGATE AMOUNT \$ <b>500</b>			\$
CONTRIBUTOR NAME <b>METIGANS 19TH HILL</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>PO BOX 321</b>		EMPLOYER ADDRESS	
OCCUPATION <b>PAC</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
AGGREGATE AMOUNT \$ <b>500</b>			\$
CONTRIBUTOR NAME <b>E. MAXWELL CORP X</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>206 W. DELAWARE RD</b>		EMPLOYER ADDRESS	
OCCUPATION <b>PAC</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
AGGREGATE AMOUNT \$ <b>500</b>			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <b>2500</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$ <b>11,000</b>	

**SCHEDULE A****Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <b>UFCW Local 1358</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>470 N ALBANY AVE</b>		EMPLOYER ADDRESS	
<b>ATLANTA CITY N.J.</b>			
AGGREGATE AMOUNT \$ <b>500</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION <b>PAC</b>			
CONTRIBUTOR NAME <b>TEAMSTERS LOCAL 331</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>P.O. Box 1073</b>		EMPLOYER ADDRESS	
<b>PLEASANTVILLE, NJ</b>			
AGGREGATE AMOUNT \$ <b>500</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION <b>PAC</b>			
CONTRIBUTOR NAME <b>OPERATORS ENGINEER 825</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<b>WEST CAWDORELL N.J.</b>			
AGGREGATE AMOUNT \$ <b>500</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION <b>PAC</b>			
CONTRIBUTOR NAME <b>PLUMBERS # 322</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>ROUTE 73</b>		EMPLOYER ADDRESS	
<b>WINSLOW N.J.</b>			
AGGREGATE AMOUNT \$ <b>500</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION <b>PAC</b>			
CONTRIBUTOR NAME <b>SHEET METALS LOCAL # 27</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>322 SQUADRON YERGEN</b>		EMPLOYER ADDRESS	
<b>FARMING DAIRY N.J.</b>			
AGGREGATE AMOUNT \$ <b>500</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <b>2,500</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$ <b>13,500</b>	

**SCHEDULE B**  
**In-Kind Contributions in Excess of \$400**

CONTRIBUTOR NAME <b>SHEET METALS WORKERS #27</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>322 SQUANKUM YELLOW BROS RD</b>		EMPLOYER ADDRESS	
<b>FARMINGDALE, N.J.</b>			
OCCUPATION <b>PAC</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
AGGREGATE AMOUNT \$ <b>500</b>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME <b>PAC LOCAL UNION #5</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>3281 ROUTE 206, SUITE 3</b>		EMPLOYER ADDRESS	
<b>BORDENTOWN N.J.</b>			
OCCUPATION <b>PAC</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
AGGREGATE AMOUNT \$ <b>500</b>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME <b>PAINTERS DC 711</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>2116 OCEAN HEIGHTS AVE</b>		EMPLOYER ADDRESS	
<b>FHT, N.J.</b>			
OCCUPATION <b>PAC</b>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
AGGREGATE AMOUNT \$ <b>2,500</b>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME <b>ENVIRONMENTAL ALLIANCE GROUP</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
AGGREGATE AMOUNT \$ <b>1,000</b>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ <b>4,500</b>			
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ <b>18,000</b>			

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION AND EXPENDITURES			REPORT FILED:	ELEC ID. #
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION CN-185 TRENTON, NEW JERSEY 08625-0185			<input type="checkbox"/> 29-DAY PRE <input checked="" type="checkbox"/> 11-DAY PRE <input type="checkbox"/> 20-DAY POST	FOR STATE USE ONLY
POLITICAL PARTY, IF ANY <i>Democrat</i>	ELECTION DATE <i>Nov 2, 2004</i>		REPORT QUARTER <input type="checkbox"/> April 15 - July 15 <input type="checkbox"/> Oct 15 - Jan 15	RECEIVED ATLANTIC COUNTY DEC 12 4:2
CANDIDATE OR COMMITTEE NAME <i>Ed McGee For Freeholder 2004</i>			FOR STATE USE ONLY	
STREET ADDRESS <i>131 Sylvan Ave</i>				
CITY <i>Galloway</i>	STATE <i>NJ</i>	ZIP CODE <i>08205</i>		
COUNTY <i>Atlantic</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Freeholder Dist #4</i>			
ELECTION TYPE <i>General</i>	OFFICE SOUGHT <i>Freeholder</i>			

## SUMMARY TABLES

DO NOT ATTEMPT TO COMPLETE TABLES I &amp; II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

TABLE I. RECEIPTS		THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS OF \$300 OR LESS		\$ 5230	\$ 6080
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 [Schedule A]		\$ 19,700	\$ 40,889
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$	\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]		\$ 900	\$ 900
5. LOANS RECEIVED IN EXCESS OF \$340 [Schedule C]		\$	\$ 1,200
6. SUB TOTAL - CONTRIBUTIONS (ADD LINES 1 THRU 5)		\$	\$
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule]	(-)	\$	\$
8. TOTAL CONTRIBUTIONS		\$ 26,030	\$ 49,069
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN	(+)	\$	\$
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 26,030	\$ 49,069

TABLE II. EXPENDITURES		THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 29,920 <sup>72</sup>	\$ 40,275.32
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$	\$
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$	\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]		\$	\$
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)		\$	\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)		\$	\$
7. SUB TOTAL - DISBURSEMENTS (ADD LINES 1 THRU 6)		\$	\$
8. REFUNDED DISBURSEMENTS [Schedule F]	(-)	\$	\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 29,920 <sup>72</sup>	\$ 40,275 <sup>72</sup>

FORM R-1

**SCHEDULE A**  
**Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <i>United Food &amp; Commercial Workers</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>1775 K St. NW</i>		EMPLOYER ADDRESS	
<i>Washington, DC 20006</i>			
AGGREGATE AMOUNT \$ <i>500</i>		DATE(S) RECEIVED <i>9/28/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION			
CONTRIBUTOR NAME <i>Local Union #322 Plumbers &amp; Pipefitters</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>534 S. Route 73</i>		EMPLOYER ADDRESS	
<i>Winslow, NJ 08095</i>			
AGGREGATE AMOUNT \$ <i>1,000</i>		DATE(S) RECEIVED <i>9/29/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,000</i>
OCCUPATION			
CONTRIBUTOR NAME <i>IUPAT</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>1750 New York Ave NW</i>		EMPLOYER ADDRESS	
<i>Washington, DC 20006</i>			
AGGREGATE AMOUNT \$ <i>7,200</i>		DATE(S) RECEIVED <i>9/30/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>7,200</i>
OCCUPATION			
CONTRIBUTOR NAME <i>District Council No 9 PAC</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>45 West 14th St.</i>		EMPLOYER ADDRESS	
<i>New York, NY 10011</i>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <i>10/4/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2,000</i>
OCCUPATION			
CONTRIBUTOR NAME <i>Paul D'Amato</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>6 Fischer Rd.</i>		EMPLOYER ADDRESS	
<i>Linwood, NJ 08221</i>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <i>10/4/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION <i>Lawyer</i>			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <i>11,200</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$	



**SCHEDULE A**  
**Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <i>Ryan J Elwell</i>		EMPLOYER NAME <i>to be supplied</i>	
CONTRIBUTOR ADDRESS <i>2439 Hightree Ct.</i>		EMPLOYER ADDRESS	
<i>Crofton, MD 21114</i>			
AGGREGATE AMOUNT \$ <i>1,000</i>	DATE(S) RECEIVED <i>10/8/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,000</i>	
OCCUPATION <i>to be supplied</i>			
CONTRIBUTOR NAME <i>O'Brien, Belland &amp; Bushinsky X</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>2111 New Rd. Suite 101</i>		EMPLOYER ADDRESS	
<i>Northfield, NJ 08225</i>			
AGGREGATE AMOUNT \$ <i>2,000</i>	DATE(S) RECEIVED <i>10/8/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2,000</i>	
OCCUPATION <i>Law Firm</i>			
CONTRIBUTOR NAME <i>10 PAT Dist. Council / 21 PAC</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>2980 Southampton Rd</i>		EMPLOYER ADDRESS	
<i>Philadelphia, PA 19154</i>			
AGGREGATE AMOUNT \$ <i>1,000</i>	DATE(S) RECEIVED <i>10/8/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,000</i>	
OCCUPATION <i>Union</i>			
CONTRIBUTOR NAME <i>Roofers Local 30 PAC</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>6447 Torresdale Ave</i>		EMPLOYER ADDRESS	
<i>Philadelphia, PA 19135</i>			
AGGREGATE AMOUNT \$ <i>1,000</i>	DATE(S) RECEIVED <i>10/8/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,000</i>	
OCCUPATION			
CONTRIBUTOR NAME <i>Adams Bargaintown, LLC</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>18 Devins Lane</i>		EMPLOYER ADDRESS	
<i>Pleasantville, NJ 08232</i>			
AGGREGATE AMOUNT \$ <i>1,000</i>	DATE(S) RECEIVED <i>10/8/04</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,000</i>	
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <i>6,000</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$	

**SCHEDULE A**  
**Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <i>Atlantic Exposition Services</i> X		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>3089 English Creek Ave</i>		EMPLOYER ADDRESS	
<i>Egg Harbor Twp. NJ 08234</i>			
AGGREGATE AMOUNT \$ <i>700</i>		DATE(S) RECEIVED <i>10/8</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>700</i>
OCCUPATION			
CONTRIBUTOR NAME <i>Painters in Politics PAC Fund</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>2153 W. Oakridge Rd.</i>		EMPLOYER ADDRESS	
<i>Belle Isle, FL 33809</i>			
AGGREGATE AMOUNT \$ <i>2,000</i>		DATE(S) RECEIVED <i>10/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2000</i>
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <i>2,700</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$ <i>19,900</i>	

**SCHEDULE B****In-Kind Contributions in Excess of \$300**

CONTRIBUTOR NAME <i>Atlantic County Dem. Committee</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>900</i>
AGGREGATE AMOUNT \$			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) <i>4x4 Lawn Signs</i>			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
AGGREGATE AMOUNT \$			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
AGGREGATE AMOUNT \$			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
AGGREGATE AMOUNT \$			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			

**SCHEDULE A**  
**Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <b>UNITED FOOD + COMMERCIAL WORKERS</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>1775 K STREET N.W.</b>		EMPLOYER ADDRESS	
<b>WASHINGTON DC 20006</b>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <b>9/25/04</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>500.00</b>
OCCUPATION			
CONTRIBUTOR NAME <b>Rimm LAWINSKY, HOROWITZ + POLLARD, LLC</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>6611 WINCHESTER AVE</b>		EMPLOYER ADDRESS	
<b>X VENTOR CITY N.J. 08406</b>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <b>9/25/04</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>400.00</b>
OCCUPATION			
CONTRIBUTOR NAME <b>U A LOCAL UNION 322</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>534 S. STATE Hwy No 73</b>		EMPLOYER ADDRESS	
<b>WINSLOW N.J.</b>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>1,000.00</b>
OCCUPATION			
CONTRIBUTOR NAME <b>ATLANTIC COUNTH DEMOCRATS</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>BANK TRANSFER</b>		EMPLOYER ADDRESS	
<b>COMMERCE BANK ALLOWAY N.J 08205</b>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <b>9/24/04</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>16,000</b>
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <b>17,900.00</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$	

**SCHEDULE A**  
**Monetary Contributions in Excess of \$400**

CONTRIBUTOR NAME <b>SHEET METALS UNION</b>		EMPLOYER NAME <b># 27</b>	
CONTRIBUTOR ADDRESS <b>P.O. Box 847</b>		EMPLOYER ADDRESS	
<b>FARMINGDALE</b>		<b>N.J. 07727</b>	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <b>JULY 04</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>500</b>
OCCUPATION			
CONTRIBUTOR NAME <b>IBEW LOCAL 351</b>		EMPLOYER NAME <b>PAC FUND</b>	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <b>AUG 04</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>500</b>
OCCUPATION			
CONTRIBUTOR NAME <b>IUPAT</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>1750 NEW YORK AVE NW</b>		EMPLOYER ADDRESS	
<b>WASHINGTON DC 2006</b>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <b>30 SEP 04</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>7,200</b>
OCCUPATION			
CONTRIBUTOR NAME <b>ATLANTIC EXPOSITION SERVICES</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>3089 ENGLISH CREEK RD</b>		EMPLOYER ADDRESS	
<b>X EGG HARBOR TWP</b>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED <b>30 SEP 04</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>200.</b>
OCCUPATION			
CONTRIBUTOR NAME <b>LLLOYD WIMBERG</b>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>400 LIVERPOOL AVE</b>		EMPLOYER ADDRESS	
<b>EGG HARBOR CITY N.J. 08215</b>			
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>200</b>
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <b>8,600.00</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$ <b>26,500</b>	